



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 0630

October 25, 2006

Laura Davis Administrator
Elder Haven Homes LLC
367 Southwest 4th Street
Forest Lake, MN 55025

Re: Licensing Follow Up visit

Dear Ms. Davis:

This is to inform you of the results of a facility visit conducted by staff of the Minnesota Department of Health, Case Mix Review Program, on September 28, 2006.

The documents checked below are enclosed.

- Informational Memorandum
Items noted and discussed at the facility visit including status of outstanding licensing correction orders.
- MDH Correction Order and Licensed Survey Form
Correction order(s) issued pursuant to visit of your facility.
- Notices Of Assessment For Noncompliance With Correction Orders For Home Care Providers

Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Feel free to call our office if you have any questions at (651) 201-4301.

Sincerely,

A handwritten signature in black ink that reads "Jean M. Johnston". The signature is written in a cursive style with a large, looped "J" and "N".

Jean Johnston, Program Manager
Case Mix Review Program

Enclosure(s)

cc: Washington County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman

06/06 FPC1000CMR

Minnesota Department Of Health
Division Of Compliance Monitoring
Case Mix Review Section

INFORMATIONAL MEMORANDUM

PROVIDER: ELDER HAVEN HOMES LLC

DATE OF SURVEY: September 28, 2006

BEDS LICENSED:

HOSP: _____ NH: _____ BCH: _____ SLFA: _____ SLFB: _____

CENSUS:

HOSP: _____ NH: _____ BCH: _____ SLF: _____

BEDS CERTIFIED:

SNF/18: _____ SNF 18/19: _____ NFI: _____ NFII: _____ ICF/MR: _____ OTHER:
ALHCP

NAME (S) AND TITLE (S) OF PERSONS INTERVIEWED:

Dawn Barhorst, LPN

SUBJECT: Licensing Survey _____ Licensing Order Follow Up: #2

ITEMS NOTED AND DISCUSSED:

- 1) An unannounced visit was made to followup on the status of state licensing orders issued as a result of a visit made on March 16, 17 and 21, 2005 and a subsequent follow up visit made on November 10, 2005. The results of the survey were delineated during the exit conference. Refer to Exit Conference Attendance Sheet for the names of individuals attending the exit conference.

The status of the correction orders issued as a result of a visit made on November 10, 2005 is as follows:

1. MN Rule 4668.0855 Subp. 2 Corrected



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8711 7676

March 23, 2006

Laura Davis, Administrator
Elder Haven Homes LLC
367 Southwest 4th Street
Forest Lake, MN 55025

Re: Licensing Follow Up Revisit

Dear Ms. Davis:

This is to inform you of the results of a facility visit conducted by staff of the Minnesota Department of Health, Case Mix Review Program, on November 10, 2005.

The documents checked below are enclosed.

- Informational Memorandum
Items noted and discussed at the facility visit including status of outstanding licensing correction orders.
- MDH Correction Order and Licensed Survey Form
Correction order(s) issued pursuant to visit of your facility.
- Notices Of Assessment For Noncompliance With Correction Orders For Home Care Providers

Feel free to call our office if you have any questions at (651) 215-8703.

Sincerely,

Jean Johnston, Program Manager
Case Mix Review Program

Enclosure(s)

cc: Brenda Ward, President Governing Board
Washington County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of Ombudsman for Older Minnesotans
Jocelyn Olson, Assistant Attorney General
Mary Henderson, Program Assurance Unit
Case Mix Review File

10/04 FPC1000CMR



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8711 7676

**NOTICE OF ASSESSMENT FOR NONCOMPLIANCE WITH CORRECTION ORDERS
FOR ASSISTED LIVING HOME CARE PROVIDERS**

March 23, 2006

Laura Davis, Administrator
Elder Haven Homes LLC
367 Southwest 4th Street
Forest Lake, MN 55025

RE: QL21186001

Dear Ms. Davis:

On November 10, 2005 a reinspection of the above provider was made by the survey staff of the Minnesota Department of Health, to determine the status of correction orders issued during an survey completed on March 16, 17 and 21, 2005, with correction orders received by you on September 9, 2005.

The following correction orders were not corrected in the time period allowed for correction:

4. MN Rule 4668.0855 Subp. 2 \$350.00

Based on record review and interview the licensee failed to have the registered nurse conduct an assessment of each client's functional status and need for assistance with medication administration for one of two current client (#1) records reviewed. The findings include:

Client #1 began receiving medication administration by licensee's staff November 26, 2004. There was no assessment of the client's functional status and need for assistance with medication administration in the record. When interviewed March 16, 2004 the registered nurse confirmed the assessment for client #1 had not been done.

TO COMPLY: For each client who will be provided with assistance with self-administration of medication or medication administration, a registered nurse must conduct a nursing assessment of each client's functional status and need for assistance with self-administration of medication or medication administration, and develop a service plan for the provision of the services according to the client's needs and preferences. The service plan must include the frequency of supervision of the task and of the person providing the service for the client according to part [4668.0845](#), and must be maintained as part of the service plan required under part [4668.0815](#).

March 23, 2006

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), you are assessed in the amount of: \$350.00.

Therefore, in accordance with Minnesota Statutes 144.653 and 144A.45, subdivision 2. (4), **the total amount you are assessed is: \$350.00**. This amount is to be paid by check made payable to the **Commissioner of Finance, Treasury Division MN Department of Health**, and sent to the Licensing and Certification Section of the MN Department of Health P.O. Box 64900 St. Paul, MN 55164-0900 within 15 days of this notice.

You may request a hearing on the above assessment provided that a written request is made to the Department of Health, Facility and Provider Compliance Division, within 15 days of the receipt of this notice.

FAILURE TO CORRECT: In accordance with Minnesota Rule 4668.0800, Subp.7, if, upon subsequent re-inspection after a fine has been imposed under MN Rule 4668.0800 Subp. 6, the (correction order has/the correction orders have) not been corrected, another fine may be assessed. This fine shall be double the amount of the previous fine.

Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided in the section entitled "TO COMPLY." Where a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance on re-inspection with any item of a multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection has been corrected.

Sincerely,

Jean Johnston
Program Manager
Case Mix Review Program

cc: Brenda Ward, President Governing Board
Washington County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of Ombudsman for Older Minnesotans
Jocelyn Olson, Assistant Attorney General
Mary Henderson, Program Assurance Unit
Case Mix Review File

12/04 FPCCMR 2697

**Minnesota Department Of Health
Health Policy, Information and Compliance Monitoring Division
Case Mix Review Section**

INFORMATIONAL MEMORANDUM

PROVIDER: ELDER HAVEN HOMES LLC

DATE OF SURVEY: November 10, 2005

BEDS LICENSED:

HOSP: _____ NH: _____ BCH: _____ SLFA: _____ SLFB: _____

CENSUS:

HOSP: _____ NH: _____ BCH: _____ SLF: _____

BEDS CERTIFIED:

SNF/18: _____ SNF 18/19: _____ NFI: _____ NFII: _____ ICF/MR: _____ OTHER:
ALHCP

NAME (S) AND TITLE (S) OF PERSONS INTERVIEWED:

Brenda Ward, Owner/Manager

Kelly Kampshroer, LPN

Cassie Erickson, Home Health Aide

SUBJECT: Licensing Survey _____ Licensing Order Follow Up X 1

ITEMS NOTED AND DISCUSSED:

- 1) An unannounced visit was made to followup on the status of state licensing orders issued as a result of a visit made on March 16, 17, and 21, 2005. The results of the survey were delineated during the exit conference. Refer to Exit Conference Attendance Sheet for the names of individuals attending the exit conference. The status of the Correction orders is as follows:

- | | | | |
|----|----------------------------------|----------------------|-----------------|
| 1. | MN Rule 4668.0030 Subp. 2 | Corrected | |
| 2. | MN Rule 4668.0810 Subp. 6 | Corrected | |
| 3. | MN Rule 4668.0845 Subp. 2 | Corrected | |
| 4. | MN Rule 4668.0855 Subp. 2 | Not Corrected | \$350.00 |

Based on record review and interview, the licensee failed to have a registered nurse (RN) conduct an assessment of each client's functional status and need for assistance with medication administration for one of two current clients' (#1) records reviewed. The findings include:

Client 1# began receiving medication administration on August 2, 2005. An assessment for need for medication reminders, assistance, administration or central storage was signed August 1, 2005, by the staff licensed practical nurse (LPN). When interviewed November 10, 2005, the licensed practical nurse

confirmed that she had completed the medication assessment.

- 5. MN Rule 4668.0865 Subp. 3 Corrected**



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8714 4337

September 22, 2005

Laura Davie, Administrator
Elder Haven Homes LLC
367 Southwest 4th Street
Forest Lake, MN 55025

Re: Results of State Licensing Survey

Dear Ms. Davis:

The above agency was surveyed on March 16, 17, and 21, 2005 for the purpose of assessing compliance with state licensing regulations. State licensing deficiencies, if found, are delineated on the attached Minnesota Department of Health (MDH) correction order form. The correction order form should be signed and returned to this office when all orders are corrected. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me, or the RN Program Coordinator. If further clarification is necessary, I can arrange for an informal conference at which time your questions relating to the order(s) can be discussed.

A final version of the Licensing Survey Form is enclosed. This document will be posted on the MDH website.

Also attached is an optional Provider questionnaire, which is a self-mailer, which affords the provider with an opportunity to give feedback on the survey experience.

Please feel free to call our office with any questions at (651) 215-8703.

Sincerely,

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

cc: Brenda Ward, President Governing Body
Kelly Crawford, Minnesota Department of Human Services
Washington County Social Services
Sherilyn Moe, Office of the Ombudsman
CMR File

CMR 3199 6/04



Assisted Living Home Care Provider
LICENSING SURVEY FORM

Registered nurses from the Minnesota Department of Health (MDH) use the Licensing Survey Form during an on-site visit to evaluate the care provided by Assisted Living home care providers (ALHCP). The ALHCP licensee may also use the form to monitor the quality of services provided to clients at any time. Licensees may use their completed Licensing Survey Form to help communicate to MDH nurses during an on-site regulatory visit.

During an on-site visit, MDH nurses will interview ALHCP staff, make observations, and review some of the agency's documentation. The nurses may also talk to clients and/or their representatives. This is an opportunity for the licensee to explain to the MDH nurse what systems are in place to provide Assisted Living services. Completing the Licensing Survey Form in advance may expedite the survey process.

Licensing requirements listed below are reviewed during a survey. A determination is made whether the requirements are met or not met for each Indicator of Compliance box. This form must be used in conjunction with a copy of the ALHCP home care regulations. Any violations of ALHCP licensing requirements are noted at the end of the survey form.

Name of ALHCP: ELDER HAVEN HOMES LLC

HFID # (MDH internal use): 21186

Date(s) of Survey: March 16, 17, and 21, 2005

Project # (MDH internal use): QL21186001

Indicators of Compliance	Outcomes Observed	Comments
1. The agency only accepts and retains clients for whom it can meet the needs as agreed to in the service plan. (MN Rules 4668.0050, 4668.0800 Subpart 3, 4668.0815, 4668.0825, 4668.0845, 4668.0865)	Each client has an assessment and service plan developed by a registered nurse within 2 weeks and prior to initiation of delegated nursing services, reviewed at least annually, and as needed. The service plan accurately describes the client's needs. Care is provided as stated in the service plan. The client and/or representative understands what care will be provided and what it costs.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education provided

Indicators of Compliance	Outcomes Observed	Comments
<p>2. Agency staff promote the clients' rights as stated in the Minnesota Home Care Bill of Rights. (MN Statute 144A.44; MN Rule 4668.0030)</p>	<p>No violations of the MN Home Care Bill of Rights (BOR) are noted during observations, interviews, or review of the agency's documentation. Clients and/or their representatives receive a copy of the BOR when (or before) services are initiated. There is written acknowledgement in the client's clinical record to show that the BOR was received (or why acknowledgement could not be obtained).</p>	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided</p>
<p>3. The health, safety, and well being of clients are protected and promoted. (MN Statutes 144A.44; 144A.46 Subd. 5(b), 144D.07, 626.557; MN Rules 4668.0065, 4668.0805)</p>	<p>Clients are free from abuse or neglect. Clients are free from restraints imposed for purposes of discipline or convenience. Agency staff observe infection control requirements. There is a system for reporting and investigating any incidents of maltreatment. There is adequate training and supervision for all staff. Criminal background checks are performed as required.</p>	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided</p>
<p>4. The agency has a system to receive, investigate, and resolve complaints from its clients and/or their representatives. (MN Rule 4668.0040)</p>	<p>There is a formal system for complaints. Clients and/or their representatives are aware of the complaint system. Complaints are investigated and resolved by agency staff.</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided</p>
<p>5. The clients' confidentiality is maintained. (MN Statute 144A.44; MN Rule 4668.0810)</p>	<p>Client personal information and records are secure. Any information about clients is released only to appropriate parties. Permission to release information is obtained, as required, from clients and/or their representatives.</p>	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided</p>
<p>6. Changes in a client's condition are recognized and acted upon. (MN Rules 4668.0815, 4668.0820, 4668.0825)</p>	<p>A registered nurse is contacted when there is a change in a client's condition that requires a nursing assessment or reevaluation, a change in the services and/or there is a problem with providing services as stated in the service plan. Emergency and medical services are contacted, as needed. The client and/or representative is informed when changes occur.</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided</p>

Indicators of Compliance	Outcomes Observed	Comments
7. The agency employs (or contracts with) qualified staff. (MN Statutes 144D.065; 144A.45, Subd. 5; MN Rules 4668.0070, 4668.0820, 4668.0825, 4668.0030, 4668.0835, 4668.0840)	Staff have received training and/or competency evaluations as required, including training in dementia care, if applicable. Nurse licenses are current. The registered nurse(s) delegates nursing tasks only to staff who are competent to perform the procedures that have been delegated. The process of delegation and supervision is clear to all staff and reflected in their job descriptions.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education provided
8. Medications are stored and administered safely. (MN Rules 4668.0800 Subpart 3, 4668.0855, 4668.0860)	The agency has a system for the control of medications. Staff are trained by a registered nurse prior to administering medications. Medications and treatments administered are ordered by a prescriber. Medications are properly labeled. Medications and treatments are administered as prescribed. Medications and treatments administered are documented.	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input checked="" type="checkbox"/> Education provided <input type="checkbox"/> N/A
9. Continuity of care is promoted for clients who are discharged from the agency. (MN Statute 144A.44, 144D.04; MN Rules 4668.0050, 4668.0170, 4668.0800, 4668.0870)	Clients are given information about other home care services available, if needed. Agency staff follow any Health Care Declarations of the client. Clients are given advance notice when services are terminated by the ALHCP. Medications are returned to the client or properly disposed of at discharge from a HWS.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input checked="" type="checkbox"/> Education provided <input type="checkbox"/> N/A
10. The agency has a current license. (MN Statutes 144D.02, 144D.04, 144D.05, 144A.46; MN Rule 4668.0012 Subp.17) <u>Note:</u> MDH will make referrals to the Attorney General's office for violations of MN Statutes 144D or 325F.72; and make other referrals, as needed.	The ALHCP license (and other licenses or registrations as required) are posted in a place that communicates to the public what services may be provided. The agency operates within its license(s).	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education provided

Please note: Although the focus of the licensing survey is the regulations listed in the Indicators of Compliance boxes above, other violations may be cited depending on what systems a provider has or fails to have in place and/or the severity of a violation. Also, the results of the focused licensing survey may result in an expanded survey where additional interviews, observations, and documentation reviews are conducted.

Survey Results:

_____ All Indicators of Compliance listed above were met.

For Indicators of Compliance not met and/or education provided, list the number, regulation number, and example(s) of deficient practice noted:

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
2	MN Rule 4668.0030 Subp. 2 Bill of Rights notification of client			<p>Based on record review and interview, the licensee failed to provide a current Home Care Bill of Rights to two of two current client (#1 and #2) records reviewed. The findings include:</p> <p>Client #1 was admitted November of 2004. The Home Care Bill of Rights signed on admission was not current or complete. It did not contain the items added in the 2001 revision.</p> <p>Client #2's record had an acknowledgement of receipt of the Home Care Bill of Rights dated June of 2004 signed by facility staff with no signature of resident or responsible person. When asked on March 16, 2005, the licensee stated client #2 did not have a copy of the signed Bill of Rights.</p> <p>When interviewed on March 16, 2005, the owner indicated they had the current Home Care Bill of Rights in the facility and did not know why the outdated one was used.</p> <p>Education: Provided</p>
3	MN Rule 4668.0845 Subp. 2 Services that require supervision by a registered nurse	X	X	<p>Based on record review and interview, the licensee failed to have a registered nurse supervise services that require supervision for two of two current client (#1 and #2) records reviewed. The findings include:</p> <p>Client #1 began receiving services, which included medication set up and administration, from the licensee,</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>November of 2004. There was a supervisory visit done by the registered nurse December of 2004 (17 days later). There was no evidence of monitoring visits by a licensed practical nurse.</p> <p>The record lacked documentation of any additional supervisory visits through the date of the survey record review.</p> <p>Client #2 began receiving services, which included medication set up and administration, from the licensee, June of 2004. There was a supervisory visit by the registered nurse on September of 2004 (89 days later). There was no evidence of monitoring visits by a licensed practical nurse. The record lacked documentation of any supervisory nursing visits after that date.</p> <p>When interviewed on March 16, 2004, the registered nurse confirmed the required supervisory visits on clients #1 and #2 were not done.</p> <p>Education: Provided</p>
3	MN Rule 4668.0865 Subp.3 Control of medications	X	X	<p>Based on record review and interview, the licensee failed to maintain a system for the control of medications for two of two current client (#1 and #2) records reviewed. The findings include:</p> <p>Client #1 received central storage of medications and medication administration from the licensee. Client #1's orders included an anti-hypertensive (blood pressure) medication daily and KCL (potassium) powder 20 mellequalivents twice daily.</p> <p>Client #1's medication administrative record (MAR) for February 23, 24, 25, 26, 27, and 28, 2005 had circles around</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>staff initials each day indicating medication was not given. On the special remarks page of client #1's MAR February 23, 2005 documentation indicated "ran out" next to the anti-hypertensive medication. Comments on client #1's MAR February 24 and 25, 2005 were, "not in med set up." There were no comments on client #1's MAR or in the record for initials circled on February 26, 27, and 28, 2005. Client #1's March 1, and 2, 2005 MAR had circled initials for the anti-hypertensive medication administration with remarks documented "med not poured." KCL powder administration on March 12, 13, 14, 15, and 16, 2005 had circled initials with remarks documented "out of stock."</p> <p>Client #2 received central storage of medications and medication administration from the licensee. Client #2's orders included Glypizide twice daily and insulin daily. Client #2's MAR had circled initials indicating the medication was not given next to Glypizide on March 3, 4, 5, 6, 7, 8, and 9, 2005. There were documented remarks March 3, 4, 5, and 9, 2005 indicating "not in med set up." There were no remarks for the circled initials March 6, 7, and 8, 2005. The insulin for client #2 was not signed as given on March 3, 5, 9, and 11, 2005 and no remarks were documented on the MAR, the record, or in the facility communication book.</p> <p>The records for clients #1 and #2 did not have a signature of a licensed nurse setting up the prescribed medications. The MARs had areas for "nurse supervision of previous week's medication compliance" and "nurse completion of next week's medication</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				<p>set up” these areas were not signed.</p> <p>When interviewed March 16, 2005 regarding medications “not set up” or “ran out,” the registered nurse stated the physicians’ renewals of prescriptions and pharmacy filling prescriptions were not always timely and they sometimes did not have prescribed medications on site. She also stated she did not know why the insulin for client #2 was not documented on March 3, 5, 9, and 11, 2005. The registered nurse confirmed she had not signed for medication set up for clients #1 and #2</p> <p>Education: Provided</p>
5	MN Rule 4668.0810 Subp. 6 Client record content	X	X	<p>Based on record review and interview the licensee failed to have an individualized evaluation of the client’s needs for initiation of assisted living home care services in the client record for one of two current client (#2) records reviewed. The findings include:</p> <p>Client #2 began receiving services from the licensee June of 2004. Client #2’s record lacked an initial evaluation of the client’s needs. When interviewed on March 16, 2005 the registered nurse stated that it had been completed but was unable to provide evidence of the assessment.</p> <p>Education: Provided</p>
8	MN Rule 4668.0855 Subp. 2 Assessment for medication assistance	X	X	<p>Based on record review and interview the licensee failed to have the registered nurse conduct an assessment of each client’s functional status and need for assistance with medication administration for one of two current client (#1) records reviewed. The findings include:</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				Client #1 began receiving medication administration by licensee's staff November of 2004. There was no assessment of the client's functional status and need for assistance with medication administration in the record. When interviewed March 16, 2004 the registered nurse confirmed the assessment for client #1 had not been done. Education: Provided
8	MN Rule 4668.0855 Subp. 9 Medication records		X	Education: Provided
9	MN Rule 4668.0870 Subp. 3 Disposition of medications		X	Education: Provided

A draft copy of this completed form was left with Brenda Ward and Laura Davis at an exit conference on March 21, 2005. Any correction orders issued as a result of the on-site visit and the final Licensing Survey Form will arrive by certified mail to the licensee within 3 weeks of this exit conference (see Correction Order form HE-01239-03). If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 215-8703. After supervisory review, this form will be posted on the MDH website. General information about ALHCP is also available on the website:

<http://www.health.state.mn.us/divs/fpc/profinfo/cms/alhcp/alhcpsurvey.htm>

Regulations can be viewed on the Internet: <http://www.revisor.leg.state.mn.us/stats> (for MN statutes) <http://www.revisor.leg.state.mn.us/arule/> (for MN Rules).

(Form Revision 7/04)